

**LIMITED SOURCES JUSTIFICATION  
ORDERS >\$3,000  
FAR PART 8.405-6(g)**

**2237 Transaction # or Vista Equipment Transaction #: 568-11-4-1613-0144**

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

**Restricted to the following source:** Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Laerdal Medical Corp

Manufacturer/Contractor POC & phone number: Dan 1-800-648-1851 ext. 2311

Mfgr/Contractor Address: PO Box 19258, Newark, New Jersey

Dealer/Rep address/phone number: American Medical Depot/630 West 84<sup>th</sup> St, Hialeah, FL/305-354-0888.

**X** The requested material or service represents the minimum requirements of the Government.

**1. AGENCY AND CONTRACTING ACTIVITY:**

Department of Veterans Affairs

Black Hills Healthcare System

500 N. 5<sup>th</sup> St.

Hot Springs, SD 57747

**VISN:**

23

**2. NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED:**

Purchase of SimMan 3G simulator accessory products (patient cases ie. head injury, emergency respiratory & cardiac, terrorism scenarios, etc.) to compliment the SimMan 3G's already purchased and utilized by Black Hills Healthcare Education department.

**a. A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:**

Purchase of SimMan 3G simulator accessory products (patient cases ie. head injury, emergency respiratory & cardiac, terrorism scenarios, etc.) to compliment the SimMan 3G's already purchased and utilized by Black Hills Healthcare Education department. Accessories must be compatible with the SimMan 3G simulator already purchased and in use by the VA Black Hills.

**b. ESTIMATED DOLLAR VALUE: \$165,285.00**

**c. REQUIRED DELIVERY DATE: 09/30/2011**

**3. IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.**

X Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The equipment being procured is required to support the SimMan 3G model simulator already purchased and utilized for training at Black Hills Healthcare System.

X A patent, copyright or proprietary data limits competition. The proprietary data is:

The equipment being procured is required to support the SimMan 3G model simulator already purchased and utilized for training at Black Hills Healthcare System.

X These are "direct replacements" parts/components for existing equipment.

These are accessories for existing SimMan 3G simulator equipment.

X The material/service must be compatible in all aspects (form, fit and function) with existing systems presently installed/performing. Describe the equipment/function you have now and how the new item/service must coordinate, connect, or interface with the existing system.

The products being procured are the proven support equipment used in conjunction with the SimMan 3G simulators purchased and in use by the Education Dept of Black Hills Healthcare System.

☐ The new work is a logical follow-on to an original Federal Supply Schedule order provided that the original order was placed in accordance with the applicable Federal Supply Schedule ordering procedures. The original order must not have been previously issued under sole source or limited source procedures.

☐ An urgent and compelling need exists, and following the ordering procedures would result in unacceptable delays.

**4. DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.404(d) TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:**

Received a quote from American Medical Depot and their pricing appears to be fair and reasonable.

**5. DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:**


Conducted extensive internet and business locator search of medical device suppliers for companies that support the SimMan 3G simulator. American Medical Depot, FSS Contract V797P42122A, is the only vendor to supply this product.

**6. ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:**

**7. A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:**

Will perform market research in future when purchasing SimMan 3G accessories.

**8. REQUIREMENTS CERTIFICATION:** I certify that the requirement outlined in this justification is a bonafide need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

  
SIGNATURE  
GERALD D. MAJZNER EPC  
NAME TITLE  
FM  
FACILITY

9-19-11  
DATE  
FAC  
SERVICE LINE/SECTION

**9. APPROVALS IN ACCORDANCE WITH FAR 8.405-6(h):**

**a. CONTRACTING OFFICER'S CERTIFICATION (required):** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

  
CONTRACTING OFFICER'S SIGNATURE

9/19/11  
DATE

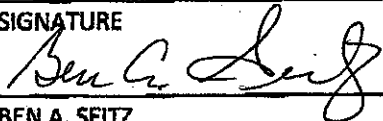
Jodi Provorse, Facility Contract Manager  
NAME AND TITLE

Black Hills Healthcare System  
FACILITY

HIGHER LEVEL APPROVAL (For orders over \$500,000): X REQUIRED ☐ NOT REQUIRED

b. **QA OFFICER:** I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief. *\*This signature may be the VISN NCM if the Contracting Officer and Contracting Supervisor is the same individual.*

SIGNATURE



BEN A. SEITZ

VISN 23 QUALITY ASSURANCE COMPLIANCE SPECIALIST

DATE

9-20-2011

c. **NCM/or Designee:** I certify the justification meets requirements for restricting consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4.

DARYL A. BERG

VISN 23 NETWORK CONTRACT MANAGER

DATE

9/21/2011

## MARKET RESEARCH CHECKLIST

1. Solicitation No. / Transaction No: 568-11-4-1613-0144
2. Title / Description: SimMan 3G simulator Accessory Products
3. Product or Service Code (NAICS): 423450
4. Estimated Contract Value (including options): \$165,285.00
5. In accordance with federal procurement regulations, market research has been conducted for this acquisition. The following techniques were used (check all that apply):
  - ☒ Contacting knowledgeable individuals in Government and industry regarding market capabilities to meet requirements.
  - ☐ Reviewing the results of recent market research undertaken to meet similar or identical requirements.
  - ☐ Publishing formal requests for information in appropriate technical or scientific journals or business publications.
  - ☐ Participating in interactive, on-line communication among industry, acquisition personnel, and customers.
  - ☒ Obtaining source lists of similar items from other contracting activities or agencies, trade associations or other sources.
  - ☒ Reviewing catalogs and other generally available product literature published by manufacturers, distributors, and dealers or available on-line.
  - ☐ Conducting interchange meetings or holding presolicitation conferences to involve potential offerors early in the acquisition process.

### Exchanges of Information- Other

- ☐ Industry or small business conferences
- ☐ Public Hearings
- ☐ One-on-one meetings with potential offerors
- ☐ Pre-solicitation notices
- ☐ Draft Requests for Proposals (RFP)
- ☐ Request for Information (RFI)

### Other Sources for Locating Service-Disabled Veteran-Owned Small Business (SDVOSB), Veteran-Owned Small Businesses (VOSB) and Other Small Business Concerns

- ☐ Central Contractor Registration (CCR) – [www.ccr.gov](http://www.ccr.gov)
- ☐ VetBiz Vendor Information Pages – [www.vetbiz.gov](http://www.vetbiz.gov)

- ☐ Consult with the local Small Business Administration procurement center representative (PCR) or, if a PCR is not assigned to the procurement activity, the SBA Office of Government Contracting Area Office serving the area in which the procuring activity is located.

SYNOPSIS of Market Research: *Searched internet and GSA advantage for other vendors of this product. None were found.*

6. Indicate below whether market research establishes that the Government's need may be met by a type of item customarily available in the commercial marketplace.

☒ YES  
☐ NO

7. I hereby certify that the above information is accurate and complete to the best of my knowledge and intent.

*Jodi Bravise*  
Contracting Officer

*9/20/11*  
Date

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*Jodi Brown*  
Contracting Officer

*9/20/11*  
Date